

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

**Fair Fight**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Harris, William Sr, , ,**

Mailing Address 1010 Waltham St  
Apt 8

City  
Lexington

State  
MA

Zip Code  
02421-8061

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mass General Hospital

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 25 / 2020

**Transaction ID : VR060VD3MB9**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hartman, Sarah, , ,**

Mailing Address 249 Garfield Pl

City  
Brooklyn

State  
NY

Zip Code  
11215-2208

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self Employed

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 29 / 2020

**Transaction ID : VR060V2H336**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hatfield, Jean, , ,**

Mailing Address 3657 Peachtree Rd NE  
Apt 1B

City  
Atlanta

State  
GA

Zip Code  
30319-1278

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
N/A

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 27 / 2020

**Transaction ID : VR060V2GRJ1**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Non-Contribution Account

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1600.00